MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/980334	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51							
2		/		/			52							
3		Ø		/			53							
4		Ø		/			54							
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47							97							
48							98							
49							99							
50							100							
TOTAL IND.	/	←	/	←		←	TOTAL IND.			←		←		←
TOTAL DEP.	5		8				TOTAL DEP.							
TOTAL CLAIMS	6		9				TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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